



## Membership Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you have a visual impairment? Yes / No

In which format would you like to receive correspondence

Standard Print \_\_\_\_\_ Language (other than English) \_\_\_\_\_

Large Print \_\_\_\_\_ CD \_\_\_\_\_ E-mail \_\_\_\_\_ Braille \_\_\_\_\_

I enclose my membership fee for the current year £ \_\_\_\_\_

I support the aims of Tameside Sight.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: TAMESIDE SIGHT WISH TO HOLD MEMBERSHIP RECORDS ON COMPUTER; IF YOU HAVE ANY OBJECTION TO THIS PLEASE INDICATE ON THIS FORM.**

For office use only

Received by..... Amount ..... Date.....

Date of joining.....